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STONINGTON HARBOR YACHT CLUB

Race Entry Form

Name of Race, Series, or Regatta (use name of NOR) SPRING FROSTBITING 2015

Date of Race or Starting Date of Series: April 4, 2015

Name of Boat: _____ **Sail #** _____

Name of Boat Owner/Skipper (i.e., person in charge): _____

Address: _____

Phone: _____ **Email** _____

Club Affiliation: _____

Type or Class of Boat: _____ **LOA:** _____

Registration Fee (see NOR): \$

Check number: _____ **or SHYC Member Number if Fee is to be Charged to Your Account:** _____

I confirm that I have the following liability insurance which covers my participation in the race, series, or regatta to which this Entry Form relates: **Insurance Company:** _____; **Policy Number:** _____; **Expiration Date:** _____.

I agree to be bound by the Racing Rules of Sailing 2013-2016, the Sailing instructions, and all other rules that govern the race, series, or regatta to which this Entry Form relates.

I agree to be responsible for each member of my crew to submit, prior to racing, a completed liability waiver of all claims against SHYC, its officers, directors, employees, agents, volunteers, and other representatives and persons associated with the race, series, or regatta to which this Entry form relates ("Event Providers") on forms provided by SHYC. If, notwithstanding this undertaking, any one or more members of my crew fails to provide such waiver, then I do hereby indemnify the Event Providers against any claim brought against them and arising out of the participation of any such crew member in race, series, or regatta to which this Entry Form relates, together with any costs, including reasonable attorneys' fees, that may be incurred as a result of any such claim, whether the claim be valid or not.

PLEASE BE ADVISED THAT MOST PERSONAL LIABILITY INSURANCE DOES NOT INCLUDE LIABILITY FOR CONTRACTURAL IDEMNIFICATION. ACCORDINGLY IT IS URGENT THAT YOU AVOID THE INDEMNIFICATION PROVIDED IN THE PRECEDING PARAGRAPH BY ENSURING THAT WAIVERS ARE SUBMITTED FROM ALL MEMBERS OF YOUR CREW. YOU MAY ALSO WANT TO CONSIDER OBTAINING WAIVERS RUNNING TO YOU INDIVIDUALLY.

Signature: _____ **Date:** _____

Return to SHYC, Attn: Race Committee, P.O. Box 87, Stonington, CT 06378